

Candidate
Annual Report of Receipts and Disbursements
2009

RECEIVED
JAN 26 2010

Secretary of State
Capitol Office

DATE STAMP

Candidate's Name Mark Formby

Full Address 423 N. MAIN ST

Telephone 601-798-3800 Fax 601-799-4386

Contact Name _____ Email mark@markformby.com

Office Sought House Political Party Rep

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$4500 + \$ 400	\$ 4900	\$ 4900
Total amount of disbursements	\$ 6755.61 + \$ 1407.61	\$	\$ 8163.22
Total amount of cash on hand		\$ 39,030.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mark Formby
Signature of Candidate

1-26-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Formby
 Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jeff Copesky</u>	<u>10/30/09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 551</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Baton Rouge</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>EXxon</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Gov. Affair</u>	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Joe Sims</u>	<u>10/21/09</u>	\$ <u>500.00</u>
Mailing Address <u>212 W. Capital</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39201</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Dembury</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Consultant</u>	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kathleen Shannassy</u>	<u>11/1/09</u>	\$ <u>500.00</u>
Mailing Address <u>1723 22nd St</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>AT&T</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>EXTERNAL AFFAIR</u>	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>George Guidry</u>	<u>10/12/09</u>	\$ <u>250.00</u>
Mailing Address <u>Koch IGA Pacific</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>450 LAMAR ST. BATON ROUGE LA 70801</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>GOV AFFAIR</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>GOV AFFAIR</u>	Aggregate year-to-date	\$

Name of Candidate or Committee

FormbyReporting period 1-1-09through 12-31-09

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Roger Howard</u>		<u>7/25/09</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>3253 E. Chestnut</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Springfield MO 65802</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>BUSF RR</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Gov Affairs</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Joel Yelverton</u>		<u>7/29/09</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>113 Green Oak Cove</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Clinton MS 39056</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Norfolk Southern</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Gov Affairs</u>		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Steven Clay		3 12 109	\$ 500.00
Mailing Address P.O. Box 217		__ 1 __ 1 __	\$
City, State, Zip Code Jackson 39205		__ 1 __ 1 __	\$
Name of Employer (Required) Amhausen Truck		__ 1 __ 1 __	\$
Occupation (Required) Gov. Affairs		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Meredith Bayles		7 1 109	\$ 250.00
Mailing Address 201 Keith St		__ 1 __ 1 __	\$
City, State, Zip Code Cleveland TN		__ 1 __ 1 __	\$
Name of Employer (Required) CHECK ME CASH		__ 1 __ 1 __	\$
Occupation (Required) Gov. Affairs		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Steven Renfro		10 12 109	\$ 500.00
Mailing Address P.O. Box 1300		__ 1 __ 1 __	\$
City, State, Zip Code Pasca goul, MS 39368		__ 1 __ 1 __	\$
Name of Employer (Required) CHURCH		__ 1 __ 1 __	\$
Occupation (Required) Gov. TREASURER		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Michael Callahan		10 1 24 1	\$ 500.00
Mailing Address PO Box 3300		__ 1 __ 1 __	\$
City, State, Zip Code Mekeland MS		__ 1 __ 1 __	\$
Name of Employer (Required) ELECTRIC power ASSOC		__ 1 __ 1 __	\$
Occupation (Required) TREASURER		Aggregate year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name <u>Blanning Advertising ^{Kieth} Blanning</u>	Date (Mo., Day, Year) <u>4/2/09</u>	Amount of each disbursement this period \$ <u>4,080</u>
Mailing Address <u>110 604-298-615-587-5969</u>		\$
City, State, Zip Code <u>PICOYUNE, MS 38461</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>Joe Ellingsworth to Nejam Properties</u>	Date (Mo., Day, Year) <u>8/1/09</u>	Amount of each disbursement this period \$ <u>2675.61</u>
Mailing Address <u>904 Morningside St</u>		\$
City, State, Zip Code <u>JACKSON, MS 39202</u>		\$
Purpose of Disbursement (Optional) <u>Q1</u>	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$